

FILED MAY 17 1945

Registration District No. 1391

Primary Registration District No. 3023

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 60 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. East Bodine Ave
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES D. DYRE KING

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Dale 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Oct 5 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 25 If less than one day
hr. min.

9. Birthplace Clay Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER
12. Name Morgan King
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Titus
15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Byson
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 5-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Englewood
18. (a) Signature of funeral director Clinton mo
(b) Address Clinton mo
Myrtle Browlee
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15
1945 to Apr 30 1945
that I last saw him alive on Apr 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
ptly nephritis
Due to arterial sclerosis
chronic prostatitis

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 108
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature Ed N. [unclear]
Address Clinton mo Date signed May 1 45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
1
2

1391

REC-
District No. 7,
District File Number 4-45-454
Date Filed 5-15-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. E. Conner

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.